

Surplus Lines License # _____(5 or 6 digit)

INDIANA DEPARTMENT OF INSURANCE
SEMI-ANNUAL TAX REPORT
SURPLUS LINES RISKS

STATE OF _____
COUNTY of _____

I, _____, am a surplus lines producer of _____, a licensee under the provisions of 27-1-15.8 et seq of the Indiana Insurance Code, I hereby certify that, under penalty of perjury, that the following statement is a full, true and correct statement of premiums collected on policies or contracts placed by the licensee under the provisions of his/her/its license during each month of the six month period ended (June 30 or December 31) _____ 20_____.

Month	Premiums*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$
SL Taxes Due	\$ <u>Total Premium</u> X 2.5 =\$

*Premiums reported should agree with amounts reported on monthly reports

The licensee shall pay to the Commissioner of Insurance, on February 1st and August 1st, as the case may be, a sum equal to two and one-half percent of the total amount set forth in the 'Premiums' column of the above.

(Typed or Printed Name of SL Producer)

(Signature)

(Typed or Printed Name of Tax Preparer)*

(Signature)*

(Address of Tax Preparer, if different)*

(Phone Number)*

(E-mail Address)*

*** Please complete this information for monthly/semi-annual inquiry purposes.**